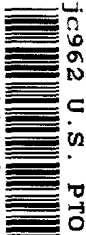


04-02-01

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03/29/01



UTILITY PATENT APPLICATION TRANSMITTAL

Under Small Entity Status

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.

FERN-P001B

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Dennis Fernandez,
entitled Integrated Network for Monitoring Remote Objects, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

() Continuation (X) Divisional () Continuation-in-part (CIP)

of prior application No: 09/045,412 Filed on: 03/19/1998

(X) I hereby claim the benefit of priority filing date under 35 USC § 120 of the above-identified patent application.

Amendments

(X) Before calculating the filing fee, amend the prior application as follows:

(X) Cancel the following claims: 1-11 and 16-21

(X) Enter the enclosed preliminary amendment. (5 pages)

() Enter the unentered amendment(s) previously filed on _____ under 37 CFR § 1.116
in the prior nonprovisional application. A copy of the amendment(s) is (are) enclosed.

Enclosed are:

(X) Specification; 42 Total Pages.(X) Drawing(s); 4 Total Sheets.

(X) Oath or Declaration:

() A Newly Executed Combined Declaration and Power of Attorney:

() Signed.

() Unsigned.

() Partially Signed.

(X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

(X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the
oath or declaration is supplied, is considered as being part of the disclosure of the accompanying
application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Power of Attorney.

(X) Return Receipt Postcard.

() Associate Power of Attorney.

(X) A Check in the amount of \$ 355.00 for the Filing Fee.

() Preliminary Amendment.

() Information Disclosure Statement and Form PTO-1449.

(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

() Statement(s) of Status as a Small Entity.

(X) Statement(s) of Status as a Small Entity Filed in Prior Application, Status Still Proper and Desired.

() Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	11	0	\$9.00	\$ 0.00
Independent Claims	2	0	\$40.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$355.00
Total Filing Fee				\$ 355.00

X A Check # 1473 for \$ 355.00 for the above specified Total Fee is enclosed. However, should Applicant
inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount
associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this sheet is
enclosed for fee processing.



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4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	14	- 20 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$
b. Independent Claims	2	- 3 =	0	x \$ 78.00 Large Entity x \$ 39.00 Small Entity	\$
c. Multiple Dependent Claims Added By This Amendment				x 260.00 Large Entity x 130.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence					
i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

 X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

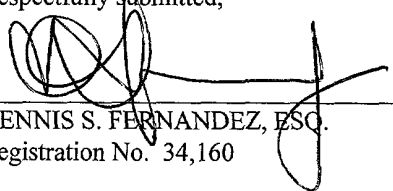
FERNANDEZ & ASSOCIATES, LLP
Patent Attorneys
P.O. BOX D
Menlo Park, CA 94026-6204
Phone: (650) 325-4999
Fax: (650) 325-1203



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PATENT TRADEMARK OFFICE

Respectfully submitted,


 DENNIS S. FERNANDEZ, ESQ.
 Registration No. 34,160

3/29/2001
 Date